

# Wisconsin Department of Safety and Professional Services

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## DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

### APPLICATION FOR TEMPORARY SPOUSAL RECIPROCAL LICENSE

(This application only applies to individuals with a current unrestricted license in another state or governmental authority, and have a spouse that is a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces, or the national guard of any state.)

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Street Address (number, street, city, state, zip)

Mailing Address (if different)

Social Security/Fein Number     -  -

Date of Birth  
 /  /

Daytime Telephone Number  
(    )    -   

Ethnic/gender status information is optional.    Sex: ☐ M    ☐ F    Ethnic: ☐ White, not of Hispanic origin    ☐ Black, not of Hispanic origin    ☐ Hispanic    ☐ American Indian or Alaskan    ☐ Asian or Pacific Islander    ☐ Other

School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State/Country)

Degree: \_\_\_\_\_

Date Degree Granted:  /  /

Type of credential applying for and registration code. See attached listing of all professions on Form #2983.

Type of credential: \_\_\_\_\_

Registration Code: \_\_\_\_\_

BEGINNING DATE OF TEMPORARY PRACTICE IN WISCONSIN:  /  /

LOCATION: \_\_\_\_\_  
City State

APPLICATION FEES: Make check payable to DSPS and attach to this application.

\$141.00 Reciprocal Initial Credential Fee

For Receipting Use Only

# Wisconsin Department of Safety and Professional Services

**EMAIL ADDRESS:** Provide your email address in the spaces listed below to receive your application status electronically. If you do not have an email address, your checklist will be sent by first class mail.

[illegible]

**LIST ALL ACTIVE AND INACTIVE CREDENTIALS:**

List state(s), credential type and Lic. No. received by a written exam: \_\_\_\_\_

List state(s), credential type and Lic. No. received by Endorsement/Reciprocity: \_\_\_\_\_

**SPECIALTY BOARD CERTIFICATIONS:**

What specialty do you practice at the present time? \_\_\_\_\_

**CERTIFICATE #:** \_\_\_\_\_ **DATE ISSUED:**

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**This temporary license expires 180 days after the grant date. If you are requesting an additional extension of the 180 days, list the reason for the extension request below.**

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**CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- ☐ a citizen or national of the United States, or
- ☐ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

**DECLARATION OF TEMPORARY RESIDENCE:**

- ☐ I declare under penalty of law that I am a spouse of a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state of the U.S., and we are temporarily residing in the state of Wisconsin while my spouse is on active duty.

## AFFIDAVIT OF APPLICANT

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

Signature of Applicant \_\_\_\_\_

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Date \_\_\_\_\_